

titioner's Docket No. 2003-2090.CON

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First named inventor: Howard T. Bellin

Application No.: 10/734,876 Filed: December 12, 2003

For: Non-Rotating Breast Implant

Group No.: 3738

Examiner: SNOW, Bruce Edward

Confirmation No. 1026

Mail Stop Amendment Commissioner For Patents P.O. Box 1450 Alexandria, VA 22313-1450

## Certificate of Mailing

I hereby certify that the following documents are being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on January 16, 2005 by applicant's attorney, Robert J. Jacobson:

- 1. This Certificate of Mailing dated January 16, 2005 (one page);
- 2. Fee Transmittal Letter dated January 16, 2005 (one page);
- 3. Check Number 507931772 for \$305.00;
- 4. Petition For Extension Of Time Under 37 CFR 1.136(a) dated January 16, 2005 (one page);
- 5. Terminal Disclaimer To Obviate A Double Patenting Rejection Over A Prior Patent dated January 16, 2005 (one page);
- 6. Amendment and Remarks dated January 16, 2005 (17 pages);
- 7. Information Disclosure Statement dated January 16, 2005 (two pages);
- 8. PTO-1449 form (one page);
- 9. The seven references cited on the PTO-1449 form; and
- 10. Postcard Receipt.

Respectfully submitted,

Date: 1-16-2005

Req. No. 32**,** 419

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FEE TRANSMITTAL			Complete if Known				
		76	Application Number	10/734,876			
for FY 2005			Filing Date	December 12, 2003			
Effective 10/01/2004. Patent fees are sub	ject to annual	l revision.	First Named Inventor	Howard T. BELLIN			
Applicant claims small entity status. See 37 CFR 1.27			Examiner Name	Bruce Edward SNOW			
TOTAL AMOUNT OF PAYMENT	I	\$305.00	Art Unit	3738			
	(\$)		Attorney Docket No.	2003-2090.CON			
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METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)							
Check Credit card Money Other None		3. ADDITIONAL FEES							
Deposit Account:		Entity_ Fee	Smal Fee	LEntity Fee					
Deposit	Fee Code	(\$)	Code	(\$)	Fee Descripti		Fee Paid		
Account Number	1051	130	2051		Surcharge - late filing fee o				
Deposit	1052	50	2052	25	Surcharge - late provisiona sheet	I filing fee or cover			
Account Name	1053	130	1053	130	Non - English specification				
The Director is authorized to: (check all that apply)		2,520	1812	2,520	For filing a request for ex p	arte reexamination			
Charge fee(s) indicated below Credit any overpayments		920*	1804	920*	Requesting publication of S				
Charge any additional fee(s) or any underpayment of fee(s)		1,840*	1805	1,840*	Requesting publication of S	SIR after Examiner			
Charge fee(s) indicated below, except for the filing fee		110	2251	55	action Extension for reply within file	ret month	60.00		
to the above-identified deposit account.	1251 1252	110					60.00		
FEE CALCULATION		430	2252		Extension for reply within s				
1. BASIC FILING FEE	1253	980	2253		• •	ension for reply within third month			
Large Entity   Small Entity	ł .	1,530	2254		Extension for reply within for				
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	1255	2,080	2255		Extension for reply within fi	th month			
1001 790 2001 395 Utility filing fee	1401	340	2401	170	Notice of Appeal				
1002 350 2002 175 Design filing fee	1402	340	2402	170	Filing a brief in support of a	n appeal			
1003 550 2003 275 Plant filing fee	1403	300	2403	150	Request for oral hearing				
1004 790 2004 395 Reissue filing fee	1451	1,510	1451	1,510	Petition to institute a public	use proceeding			
1005 160 2005 80 Provisional filing fee	1452	110	2452	55	Petition to revive - unavoida	able			
SUBTOTAL (1) (\$)	1453	1,370	2453	685	Petition to revive - unintent	onal			
	1501	1,370	2501	685	Utility issue fee (or reissue)				
2. EXTRA CLAIM FEES FOR UTILITY AND Fee from		490	2502	245	Design issue fee				
Extra Claims below Fee Pald	1503	660	2503	330	Plant issue fee				
Total Claims 20 -20** = 0 X 25.00 = 0.00 Independent 3 -20* = 0 X 100.00 = 0.00	1460	130	1460	130	Petitions to the Commission	ner			
Independent S = 0 X 100.00 = 0.00  Claims Multiple Dependent S 2 3 5 =	1807	50	1807	50	Processing fee under 37 C	FR § 1.17(q)			
Large Entity   Small Entity	1806	180	1806	180	Submission of Information	Disclosure	180.00		
Fee Fee Fee Fee Fee Description Code (\$) Code (\$)		40	8021	40	Statement, Recording each patent ass (times number of properties				
1202 18 2202 9 Claims in excess of 20	1809	790	2809	395	Filing a submission after fir (37 CFR § 1.129(a))	•			
1201 88 2201 44 Independent claims in excess of 3 1203 300 2203 150 Multiple dependent claim, if not paid	1810	790	2810	395	For each additional invention	on to be examined			
1204 88 2204 44 ** Reissue independent claims	1801	790	2801	395	(37 CFR § 1.129(b)) Request for Continued Exa	mination (RCE)	<u> </u>		
over original patent	1802	900	1802	900	Request for expedited exar	nination			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	Oth	of a design application Other fee (specify) 2814 Statutory Disclaimer							
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SUBTOTAL (2) (\$) \$0.00					CLIDIO	TAL (2)			
**or number previously paid, if greater, For Reissues, see above	*Reduced by Basic Filin				Fee Paid SUBTO	\$305.00			
SUBMITTED BY					Complete	(if applicable)			
Name (Print/Type) Robert J. Jacobson		Registration No. (Attorney/Agent)			32,419 Telephone	651-699-7	900		
Signature V.A. A. A. A.			Date	January 16, 2	005				

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